

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90118 036 ****70.00

DOCUMENT # 716013

1. Entity Name

WORK ORIENTED REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

**1100 JIMMY ANN DR
 DAYTONA BCH FL 32117
 US**

**1100 JIMMY ANN DR
 DAYTONA BCH FL 32117
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7026771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORLISS, IRA D
 1100 JIMMY ANN DR
 DAYTONA BCH FL 32117**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARBER, GLENN	
STREET ADDRESS	ONE WINDING CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNAEBEL, MICHAEL	
STREET ADDRESS	10 SOCO TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, MERLE	
STREET ADDRESS	7 APPALOOSA TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARBER, GLENN	
STREET ADDRESS	967 BELLEFLOWER DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAVIO, CHARLES	
STREET ADDRESS	ONE WINDING CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)